

CLAIMS ONLY							Application Number <i>10 689 506</i>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/					51					
2		/					52					
3		/					53					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	↙		↙		↙		Total Indep	↙		↙		↙
Total Depend	↘		↘		↘		Total Depend	↘		↘		↘
Total Claims							Total Claims					